



14/ B + [signature]
RECEIVED
OCT 22 2003
GROUP 3600
ISA-926

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

H. SHITOMI et al

Serial No. 09/648,486

Group Art Unit: 3625

Filed: August 28, 2000

Examiner: S. Chang

For: METHOD AND SYSTEM FOR PROVIDING
APPLICATION SERVICES

AMENDMENT

Commissioner of Patents
Alexandria, VA 22314

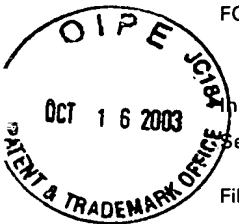
Sir:

In response to the Office Action dated July 16, 2003,
please amend the above-identified application as follows:

10/21/2003 ZJUHR1 00000082 09648486

01 FC:1201

86.00 OP



FORM PTO-1083

PATENT

Case Docket No. ASA-926

In RE application of SHITOMI et al

Serial No.: 09/648,486

Group Art Unit: 3625

Filed: August 28, 1900

Examiner: S. Chang

For: METHOD AND SYSTEM FOR PROVIDING APPLICATION SERVICES

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	15	Minus	20	=	0
Indep.	6	Minus	5	=	1
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 84
+ 280	\$ 0
Total	\$ 84

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.

- ☒ *Credit Card Payment Form*
A *Credit Card Payment Form* in the amount of \$ 86.00 is attached in payment of:
Additional independent claim fee

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120Date: October 16, 2003

By:

John R. Mattingly
John R. Mattingly
Registration No. 30,293
Attorney for Applicant(s)3625 \$
ccRECEIVED
OCT 22 2003
GROUP 3600